



Received & Inspected

JUN 26 2015

FCC Mail Room

REDACTED- FOR PUBLIC INSPECTION

June 24, 2015

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

Dear Ms. Dortch:

Mountain View Telephone Company, a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

Sara Zimmerman
President

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
State Regulatory Agency HERE

No. of Copies rec'd _____
List ABCDE

0

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0086/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	401712	Received & Inspected
<015> Study Area Name	MOUNTAIN VIEW TEL CO	
<020> Program Year	2016	JUN 26 2015
<030> Contact Name: Person USAC should contact with questions about this data	Leslie Dewey	
<035> Contact Telephone Number: Number of the person identified in data line <030>	8704253100 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	leslie.dewey@yelpcot.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> MUTC_401712ar510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> MUTC_401712ar610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 401712ar1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035> Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<038> Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yalecot.com
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

401712ec112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

<010>	Study Area Code	401712
<015>	Study Area Name	MOONTAJIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leslie Devey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.devey@yaleco.com

[illegible]

(700) Price Offerings including Voice Rate Data
 Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	401712
<015>	Study Area Name	NOCTAIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Iselle Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	iselle.dewey@telco.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	15.3

[illegible]

<010>	Study Area Code	401712
<015>	Study Area Name	MOUNTAIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lewie Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704233100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lewie.dewey@telcot.com

[illegible]

(800) Operating Companies FCC Form 481
Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401712
<015>	Study Area Name	MOUNTAIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leslie Devey
<035>	Contact Telephone Number - Number of person identified in data line <030>	9704253100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.devey@yei.net.com
<810>	Reporting Carrier	Mountain View Telephone Company
<811>	Holding Company	Yelco Holding Group, Inc.
<812>	Operating Company	Mountain View Telephone Company

[illegible]

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035> Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@pelcoot.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) Includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	401712
<015>	Study Area Name	MOUNTAIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@ye2cot.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013

<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Laelia Denny
<035> Contact Telephone Number - Number of person identified in data line <030>	8704252100 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	laelia.denny@vnet.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

MVTC_401712cr1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	0017-0
<015>	Study Area Name	ROCKFORTH VIEW TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	DAVID W. DEWY
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704223100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	289116.sawyer@netcom.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)(i))
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)(i))
 <2011b> Attachment (47 CFR § 54.313(b)(1)(ii))

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Reaching Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0860/OMB Control No. 3060-0818 July 2013
--	--

<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035> Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039> Contact (Email Address - Email Address of person identified in data line <030>	leslie.dewey@relicent.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.203(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(3))	<div style="border: 1px solid black; padding: 5px;">401712ar3010.pdf</div> <div style="font-size: small;">Name of Attached Document Listing Required Information</div>
(3011) Please check the box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(B). The carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(3)(i))	<div style="border: 1px solid black; height: 30px;"></div> <div style="font-size: small;">Name of Attached Document Listing Required Information</div>
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.311(f)(2)?	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
(3014) If yes, does your company file the RUS annual report	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div style="border: 1px solid black; padding: 5px;">401712ar3017.pdf</div> <div style="font-size: small;">Name of Attached Document Listing Required Information</div>
(3018) If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019) Either a copy of their audited financial statements; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<input type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022) Copy of their financial statements which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.	<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div style="border: 1px solid black; height: 30px;"></div> <div style="font-size: small;">Name of Attached Document Listing Required Information</div>
(3026) Attach the worksheet listing required information	<div style="border: 1px solid black; height: 30px;"></div> <div style="font-size: small;">Name of Attached Document Listing Required Information</div>

(3080) Rate Of Return Carrier Additional Documentation (Continued)	PCC Form 481
Data Collection Form	OMB Control No. 3060-0884/OMB Control No. 3080-0819
	July 2019

<010> Study Area Code	401712
<011> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leslie Davis
<035> Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leslie.davis@vncs.com

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035> Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MOUNTAIN VIEW TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015
Printed name of Authorized Officer: Anne Schuhknecht	
Title or position of Authorized Officer: Vice President	
Telephone number of Authorized Officer: 8704253100 ext.	
Study Area Code of Reporting Carrier: 401712	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier
Data Collection Form

 FCC Form 481
 OMB Control No. 3060-0906/OMB Control No. 3060-0619
 July 2013

<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035> Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@vnet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:
Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent, and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:
Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier, and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 481
OMB Control No. 3060-0085/0448 Control No. 3060-0819
July 2013

<010>	Study Area Code	401712
<015>	Study Area Name	MOUNTAIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704253120 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@telnet.com

1/1/2015

15.3

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

OMB Control No. 3060-0936/OMB Control No. 3060-0819

OMB Control No. 3060-0936/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	401712
<015>	Study Area Name	MOUNTAIN VIEW TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@telco.net

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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0055/OMB Control No. 3060-0819

Only Control No. 3000-0900/Only Control No. 3000-0900
1-1-2012

July 2013

<010>	Study Area Code	401712
<015>	Study Area Name	MOUNTAIN VIEW TEL. CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8704253100 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.com
<810>	Reporting Carrier	Mountain View Telephone Company
<811>	Holding Company	Yelcot Holding Group, Inc.
<812>	Operating Company	Mountain View Telephone Company

[illegible]

REDACTED – For Public Inspection

Mountain View Telephone Company, Inc. (SAC 401712)

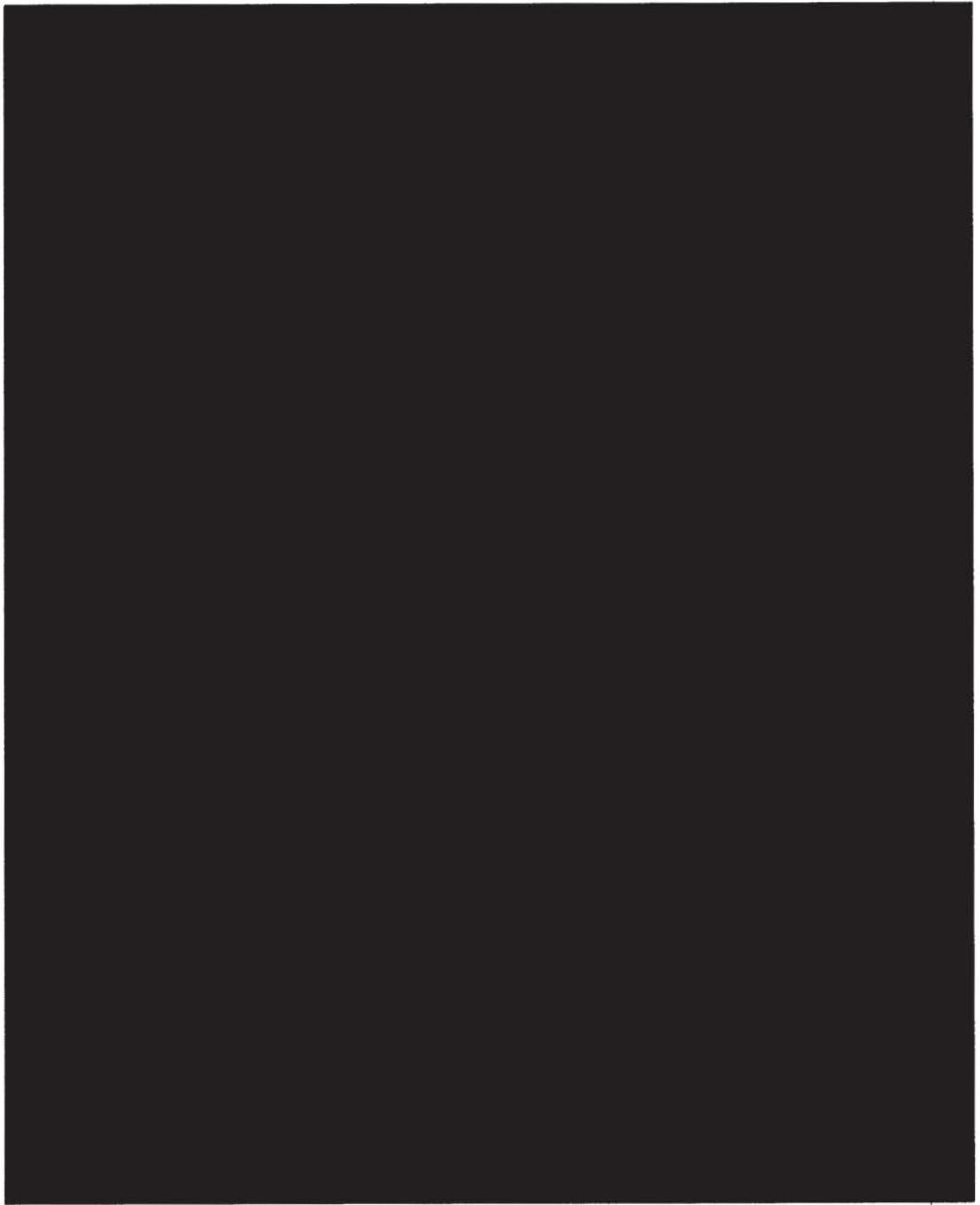
ATTACHMENT - Line 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN PROGRESS REPORT

ATTACHMENT REDACTED IN ITS ENTIRETY

Mountain View Telephone Company
481 Line 112 - Five Year Service Quality Improvement Plan PROJECT
Study Area: 401712

**REDACTED - FOR
PUBLIC INSPECTION**



Mountain View Telephone Company
481 Line 112 – Five Year Service Quality Improvement Plan PROJ
Study Area: 401712

**REDACTED - FOR
PUBLIC INSPECTION**



Mountain View Telephone Company

481 Line 112 - Five Year Service Quality Improvement Plan PRO

Study Area: 401712

**REDACTED - FOR
PUBLIC INSPECTION**



Study Area Code
Study Area

Mountain View Telephone Company
401712

REDACTED - FOR
PUBLIC INSPECTION



Mountain View Telephone Company STUDY AREA 401712

